| ANTEN | Docket No. SOA-0387 | | | | | |
|------------------------|---|---|-----------------------------------|----------------------------|----------------------|--|
| Applicatio | n No. | Filing Date | | Examiner | Art Un | |
| 10/815,016-Conf. #9225 | | March 31, 2004 | | N. Chowdhu | ry 2621 | |
| olicant(s): Elle | n Glassman et | al. | | | | |
| ention: METHO | | ARATUSES F | OR DISPLAY | ING CONTENT TH | HROUGH A STORAG | |
| | тс | THE COMM | ISSIONER FO | OR PATENTS | | |
| ansmitted here | with is an ame | ndment in the | above-identifi | ed application. | | |
| e fee has beer | n calculated an | d is transmitte | d as shown be | elow. | | |
| | | | S AS AMEN | DED | | |
| | Claims Remaining After Amendment | Highest Number Previously Paid | Number Extra Claims Present | Rate | | |
| otal Claims | 23 | - 22 = | 1 | × 50.00 | 50.00 | |
| ndependent Slaims | 3 | - 3 = | 0 | x 210.00 | 0.00 | |
| Large Entity | 50.00 | | | | | |
| | al fee is require | d for this ame | ndment. | Small Entity | | |
| | ge Deposit Acc | | | n the amount of \$ _ | | |
| - 7 . | ne amount of \$ | | | the filing fee is enc | losed. | |
| Payment by | credit card. Fo | orm PTO-2038 | B is attached. | | | |
| | r is hereby auth d below. A dup | | | Deposit Account Nenclosed. | 0. 18-0013 | |
| x Credit a | ny overpaymer | nt. | | | | |
| x Charge a | any additional fil | $ \emptyset$ | | ees required under 3 | 37 CFR 1.16 and 1.17 | |
| | anen / Christep Reg_No.: 24, | | <i>b</i>) | Dated: | March 12, 2008 | |
| | MAN & GRAUE | | | | | |

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Reduction Act of 1995, no person are required to respond to a collection of information unless it displays a valid OMB control number. Complete if Known Effective on 12/08/2004. 10/815,016-Conf. #9225 Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). **Application Number FEE TRANSMITTAL** March 31, 2004 Filing Date Ellen Glassman, et al. First Named Inventor For FY 2008 Examiner Name N. Chowdhury

| Applicant claims small entity stat | Art Unit | 2621 | 2621 | | | | | | | | |
|---|---|---------------------------|------------------------|-------------------|--|--|--|--|--|--|--|
| TOTAL AMOUNT OF PAYMENT | Attorney Docket No. | SOA-038 | SOA-0387 | | | | | | | | |
| METHOD OF PAYMENT (check all that apply) | | | | | | | | | | | |
| Check Credit Card Money Order None Other (please | | | | | | | | | | | |
| Deposit Account Deposit Account Number: 18-0013 Deposit Account Name Rader, Fishman & Grauer PLLC | | | | | | | | | | | |
| For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) | | | | | | | | | | | |
| Charge fee(s) indicated below Charge fee(s) indicated below, except for the filling fee | | | | | | | | | | | |
| Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 | | | | | | | | | | | |
| FEE CALCULATION | | | | | | | | | | | |
| 1. BASIC FILING, SEARCH, AND EXAMINATION FEES | | | | | | | | | | | |
| FI | LING FEES SEAF | RCH FEES EXAMINA Small | ATION FEES | | | | | | | | |
| | Small Entity | Entity | Small Entity | | | | | | | | |
| Application Type Fee (\$ | | | <u>Fee (\$)</u> 105 | Fees Paid (\$) | | | | | | | |
| Utility 310 Design 210 | 155 510 105 100 | | 65 | | | | | | | | |
| Plant 210 | 105 100 | - | 80 | | | | | | | | |
| Reissue 310 | 155 510 | | 310 | | | | | | | | |
| Provisional 210 | 105 | | 0 | | | | | | | | |
| 2. EXCESS CLAIM FEES | | | · · | Small Entity | | | | | | | |
| Fee Description | | | | Fee (\$) Fee (\$) | | | | | | | |
| Each claim over 20 (including Reiss | | 50 25 | | | | | | | | | |
| Each independent claim over 3 (incl | uding Reissues) | | | 200 100 | | | | | | | |
| Multiple dependent claims | Fee (\$) Fee Pa | | | 360 180 | | | | | | | |
| Total Claims Extra Claims | Itiple Depende | | | | | | | | | | |
| HP = highest number of total claims paid for | x <u>50.00</u> = <u>50.6</u> ; if greater than 20. | <u> </u> | · (\$) <u>F</u> | ee Paid (\$) | | | | | | | |
| Indep. Claims Extra Claims | Fee (\$) Fee Pa | id (\$) | | | | | | | | | |
| 3 -6= 0 | × 210.00 = 0.0 | 0 | | | | | | | | | |
| HP = highest number of independent claims | paid for, if greater than 3. | | | | | | | | | | |
| 3. APPLICATION SIZE FEE | 1100 1 | | 11 61 1 | | | | | | | | |
| If the specification and drawings ex- | | | | | | | | | | | |
| listings under 37 CFR 1.52(e)), the application size fee due is \$260 (\$130 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). | | | | | | | | | | | |
| Total Sheets Extra Sheets Number of each additional 50 or fraction Fee (\$) Fee Paid (\$) | | | | | | | | | | | |
| (round up to a whole - 100 = /50 = number) x = | | | | | | | | | | | |
| 4. OTHER FEE(S) Fees Paid (\$) | | | | | | | | | | | |
| Non-English Specification, \$130 fee (no small entity discount) | | | | | | | | | | | |
| Other (e.g., late filing surcharge): 1202 Claims in excess of twenty 50.00 | | | | | | | | | | | |

| SUBMITTED BY | 10 () | | | | |
|--|-------|--------------------------------------|-------------------|-----------|----------------|
| Signature | 40,00 | Registration No. (Attorney/Agent) | 24,104 40, 290 | Telephone | (202) 955-3750 |
| Name (Print/Type) Ronald P. Kananen / Christopher M. Tobin | | | | | March 12, 2008 |